

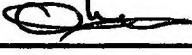
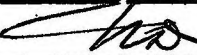
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Friday
DATE 5/11/01

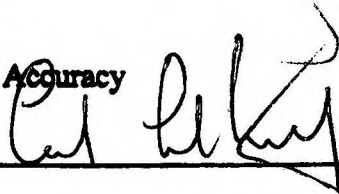
SECTION ALCP
DIST.# 5000

The undersigned certify that they were present and engaged in the business of the office during the hours place opposite their respective name.

STANDBY

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
R. Okello	5 ⁰⁰ pm		—	—	7 ⁰⁰ pm		E/R 2hr.
S. Nebed	6:00pm	S. Nebed	—	—	12:00ms	S. Nebed	6hrs E/R
M. DAVIS	6 ⁰⁰ pm		—	—	8 ⁰⁰ pm		2 hr S/B
M. DAVIS	8 ⁰⁰ pm		—	—	12 ⁰⁰ Am		4hr E/R

Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy
Supervisor 



DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY Thursday
DATE 5/10/01

SECTION ALCP

DIST.# 5000

The undersigned certify that they were present and engaged in the business of the office during the hours place opposite their respective name.

STANDBY

[illegible]

Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy

Supervisor_

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY WEDNESDAY

SECTION ALCP

DATE 5-9-01

DIST.# 5000

The undersigned certify that they were present and engaged in the business of the office during the hours place opposite their respective name.

STANDBY

[illegible]

Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy

Supervisor Al

A handwritten signature in black ink, appearing to be "Ad".

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DAY MONDAY

SECTION ALCP

DATE 5-7-01

DIST.# 5000

The undersigned certify that they were present and engaged in the business of the office during the hours place opposite their respective name.

STANDBY

NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARKS
			OUT	IN			
S. Nebed	12:00 PM	S. Nebed	—	—	8:00 AM	S. Nebed	8 hrs S/b
S. Nebed	6:00 PM	S. Nebed	—	—	12:00 PM	S. Nebed	6 hrs S/b

Supervisor's initials required for other than scheduled work hours.

Certification of Accuracy
Supervisor [Signature]

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**THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE & HAZARDOUS MATERIALS
LAB**

WEEK ENDING

5/12/9

SECTION
DIST. #

LABORATORY UNITS
5000

The undersigned certify that they were present and engaged in the business of the office during the hours placed opposite their respective names.

**STANDBY SHEET
ASBESTOS ANALYST**

	NAME	ARR.	SIGNATURE	LUNCH		DEP.	SIGNATURE	REMARK
				OUT	IN			
SUNDAY								
MONDAY								
9 TUESDAY	Greg Frackman	6P	M7	—	12M	M7		65/B
		6P	M7	—	12M	M7		65/B
9 WEDNESDAY								
	Greg Frackman	6P	M7	—	12M	M7		65/B
10 THURSDAY		6P	M7	—	10P	M7		4ER
		10P	M2	—	12M			75/B
FRIDAY		5:30P	M7	—	9:30	M7		4ER
		9:30P	M7	—	12M	M7	2 1/2	7.55/B
SATURDAY		8A	M7	1	2	7	M7	10ER
		8P	M7	—	10P	M7		7ER
		10P	M7	—	12M	M7		25/B

Supervisor's initials
required for other than
scheduled work hours

CERTIFICATION OF ACCURACY

Supervisor

A. A. Heloney 